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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/789,416 02/20/2001
 which is a CON of 09/361,332 07/26/1999 PAT 6,221,011

CHZ
10/16/04

** FOREIGN APPLICATIONS *****

none CHZ
10/16/04

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/15/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	Examiner's Signature <u>Carl R. Lopez</u> Initials <u>CHZ</u>	WA	13	59	6

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TITLE

System and method for determining a reference baseline of patient information for automated remote patient care

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees
RECEIVED	No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> 1.16 Fees (Filing)
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 Credit

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